



INFORMATION AND AUTHORIZATION REGARDING DIRECT DEPOSIT

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Provide ALL information requested on this form.
2. Attach a copy of a voided check or an account verification letter from your bank. Deposit slips will NOT be accepted.
3. An email address **must** be provided in order to notify you when a payment has been deposited into your account.
4. A properly executed W-9 is **required** in order to receive payments from the Accounts Payable Office.
5. Any invoice that is processed prior to receiving a direct deposit form will be paid by physical check. Any invoice processed after submission of a direct deposit form will go to the Primary Account listed on the form.

SAMPLE CHECK:

ROUTING
NUMBERS WILL
ALWAYS BE 9
DIGITS LONG

John or Jane Doe 1111 Somewhere St Someplace, MN 11111	DATE _____	1001
PAY TO THE ORDER OF _____	\$ _____	DOLLARS
:000111000 : 1200034056		

ROUTING NUMBER

ACCOUNT NUMBER

DEPAUW UNIVERSITY - AUTHORIZATION FOR DIRECT DEPOSIT

I authorize DePauw University and the listed financial institution to deposit any amounts owed to me to the account below. In the event DePauw University deposits funds in error, I authorize a debit from the account not to exceed the original amount that was in error. This authorization will remain in effect until I provide written notice of any changes or cancellations.

NAME: _____ **ID #:** _____
ADDRESS: _____ **SSN/TIN:** _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
SIGNATURE: _____ **DATE:** _____

PRIMARY ACCOUNT [**NEW** **CHANGE** **CANCEL**]

CHECKING **SAVINGS**

BANK NAME: _____

ACCOUNT #: _____ **ROUTING #:** _____

PLEASE PROVIDE A COPY OF A VOIDED CHECK OR AN ACCOUNT VERIFICATION LETTER FROM YOUR BANK. DEPOSIT SLIPS WILL NOT BE ACCEPTED.

FOR OFFICE USE ONLY
AP _____